

June 12, 2006

Montana Medicaid Notice

Physician, Mid-Level Practitioner and Pharmacy

Prior Authorization for Ultram ER

Effective immediately, payment for Ultram ER will require prior authorization.

Criteria

- Patient must be 18 years or older.
- Patient must not be pregnant or nursing.
- Patient must successfully establish appropriate dose using immediate release tramadol and have a significant compliance or pain control issue necessitating the extended release product.

Limitations

- Coverage will only be allowed for once daily dosing.
- Maximum daily dose authorized will be 300mg.
- Total tramadol dose for concomitant therapy with immediate release tablets cannot exceed 400mg daily.
- PA will be granted for one year.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or FAX to:

Drug Prior Authorization Unit
Mountain Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 443-7014 or (800) 294-1350 (Fax)

Any questions regarding this notice can be directed to Roger Citron at (406) 444-5951 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>